

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>					
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2020		
Mailing Address PO Box 257			Amount 5520.00		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23494		
Purpose of Expenditure Phone Calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2020		
Name of Federal Candidate WAGNER, ANN L., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO		
Calendar Year-To-Date Per Election for Office Sought		28310.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Campaign HQ</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2020		
Mailing Address PO Box 257			Amount 5520.00		
City Brooklyn	State IA	Zip Code 52211	Transaction ID : SE.23495		
Purpose of Expenditure Phone Calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2020		
Name of Federal Candidate SCHUPP, JILL DARLYNE, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO		
Calendar Year-To-Date Per Election for Office Sought		33830.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11040.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date	
Signature				MM / DD / YYYY 10 / 26 / 2020	

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 PAGE 2 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Targeted Creative Communications, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2020</div> </div>	
Mailing Address 106 South Columbus St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53442.90</div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.23483</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 23 / 2020</div> </div>
Purpose of Expenditure Production / Printing / Postage		Category/ Type	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5279100.29</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Targeted Creative Communications, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2020</div> </div>	
Mailing Address 106 South Columbus St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">579.24</div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE.23493</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 26 / 2020</div> </div>
Purpose of Expenditure Production / Printing / Postage		Category/ Type	
Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5279679.53</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">54022.14</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>The Richard Norman Company</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020
Mailing Address 113 E Market Street Suite 300		Amount 29159.68
City Leesburg	State VA	Zip Code 20176
Purpose of Expenditure Printing / Postage	Category/ Type	Transaction ID : SE.23484 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate FLETCHER, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought 345525.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Richard Norman Company</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020
Mailing Address 113 E Market Street Suite 300		Amount 20324.16
City Leesburg	State VA	Zip Code 20176
Purpose of Expenditure Printing / Postage	Category/ Type	Transaction ID : SE.23485 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate DAVIS, WENDY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought 252498.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49483.84
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**(Schedule E)**PAGE 4 OF 5  
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NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Richard Norman Company</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2020</b>		
Mailing Address 113 E Market Street Suite 300			Amount <b>34668.51</b>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23486</b>		
Purpose of Expenditure Printing / Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>		
Name of Federal Candidate KULKARNI, SRI PRESTON, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>22</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <b>387825.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>The Richard Norman Company</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2020</b>		
Mailing Address 113 E Market Street Suite 300			Amount <b>29383.75</b>		
City Leesburg	State VA	Zip Code 20176	Transaction ID : <b>SE.23487</b>		
Purpose of Expenditure Printing / Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>		
Name of Federal Candidate VALENZUELA, CANDACE, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>24</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <b>398536.01</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>64052.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee <b>The Richard Norman Company</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2020</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
10		26		2020									
Mailing Address 113 E Market Street Suite 300		Amount <table border="1"> <tr> <td colspan="5">20499.31</td> </tr> </table>		20499.31									
20499.31													
City Leesburg	State VA	Zip Code 20176	Transaction ID : SE.23488										
Purpose of Expenditure Printing / Postage		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>19</td> <td></td> <td>2020</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		19		2020
M M M	/	D D D	/	Y Y Y Y Y Y									
10		19		2020									
Name of Federal Candidate ALLRED, COLIN, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">235385.20</td> </tr> </table> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		235385.20									
235385.20													

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address		Amount <table border="1"> <tr> <td colspan="5"></td> </tr> </table>											
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Purpose of Expenditure		Category/ Type											
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5"></td> </tr> </table> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5">20499.31</td> </tr> </table>	20499.31				
20499.31						
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5">199097.55</td> </tr> </table>	199097.55				
199097.55						

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Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2020

Signature